

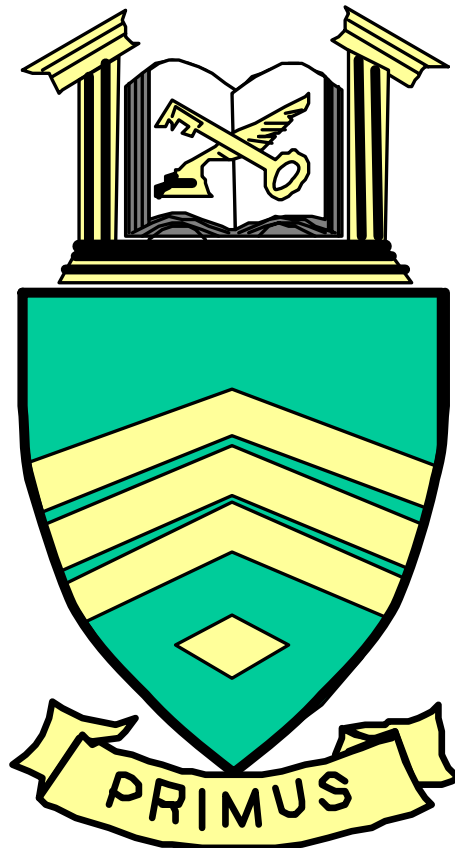
U.S. ARMY SERGEANTS MAJOR ACADEMY (FSC-TATS)

L670

OCT 03

SUICIDE PREVENTION

STUDENT HANDOUT



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HANDOUTS FOR LESSON 1: L670 version 1

Terminal Learning Objective

Handout-1, Advance Sheet

This Appendix Contains

This appendix contains the items listed in this table--

Title/Synopsis	Pages
SH-1, Advance Sheet	SH-1-1
SH-2, Information Paper	SH-2-1
SH-3, Student Notes	SH-3-1 to SH-3-8

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Student Handout 1

Advance Sheet

Lesson Hours

This lesson consists of two hours of small group instruction.

Overview

The Army Suicide Prevention Program (ASPP) provides a systematic environment in which commanders may effectively work to lower the risk of suicide for soldiers, family members, and civilian employees. This will lower the Army's suicide rate and impact significantly on the loss of life and productivity that can result from suicidal behavior.

Learning Objective

Terminal Learning Objective (TLO).

Action:	Identify requirements and responsibilities for a suicide prevention and awareness program.
Conditions:	As a first sergeant, in a classroom, given AR 600-63 and DA PAMs 600-24 and 600-70 and student handouts.
Standards:	Identified requirements and responsibilities for a suicide prevention and awareness program, pass a 40 question written examination with a score of 70 percent or better, IAW AR 600-63 and DA PAMs 600-24 and 600-70.

- ELO A** Describe resources for a suicide prevention program.
- ELO B** Identify depression and warning signs of suicide.
- ELO C** Describe identification and crisis intervention.
- ELO D** Explain the suicide risk management team (SRMT).
- ELO E** Explain the psychological autopsy.

Assignment

The student assignments for this lesson are:

- Read AR 600-63, Chapter 5, DA PAM 600-24, and DA PAM 600-70, before class.
- Complete Practical Exercise 1 before class.

Additional Subject Area Resources

TVT 8-93, "Suicide Prevention."

Bring to Class

- Pen or pencil and writing paper.
- All reference material received for this lesson and Practical Exercise 1.

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Handout-2, Information Paper

Student Handout 2

This handout contains an information paper provided by DAPE-HR-PR, dated 19 January 2001. **(UNCLASSIFIED)**

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EXECUTIVE SUMMARY

(U) CALENDAR YEAR 2000 ARMY ACTIVE DUTY SUICIDE STATISTICS (U) (DAPE-HR-PR)

Regular Army. There were 50 confirmed suicides listed by the U.S. Army Casualty Operations Center in CY 00 for RA active duty soldiers. In addition, there are currently eight "undetermined deaths" still being investigated by CID or awaiting a psychological autopsy before a final determination can be made. Assuming a worst case scenario in which all eight "undetermined deaths" are eventually listed as suicides, a total of 58 suicides would equal a rate of 12.11 per 100k. This compares to CY 99's total of 64 and a rate of 13.34 (assumes one "pending undetermined death" as a suicide). This decrease is the first reduction in the Army's suicide rate since 1997.

Facts:

- A. The Army Suicide Prevention Program is governed by two regulations, AR 600-63, Army Health Promotion and DA Pam 600-24, Suicide Prevention and Psychological Autopsy. AR 600-63 includes requirements for formal training in suicide risk identification in all NCOES and officer/NCO professional development classes. DA Pam 600-24 governs the functions of the suicide prevention task force and preparation of the psychological autopsy.
- B. The ASPP is a commander's program. Commanders and leaders at all levels must be sensitive to the potential for suicides and ensure their subordinates take prompt action to refer soldiers for appropriate assistance when early warning signs become evident.
- C. Historical statistics show that the Army's suicide rate is less than what we find in society for the at-risk age group (18-25 years old).
- D. In general, the typical soldier committing suicide is a young, white male with a rank of staff sergeant or below. If the suicide victim is an officer, he is typically at the rank of lieutenant or captain. Soldiers who commit suicide have poor relationships with significant others. Most often, the suicide occurs immediately following an argument with a wife or girlfriend. It has also been discovered that soldiers committing suicide were often experiencing severe financial difficulties and this was affecting their relationships with their wives or girlfriends. Often, alcohol is consumed just prior to the event.
- E. Self-inflicted gunshot wounds are the most common method of committing suicide, followed by hanging and carbon monoxide poisoning.
- F. This calendar year (CY 00) there are 58 confirmed suicides, for a rate of 12.11 per 100,000 soldiers. The suicide rate among the civilian at risk group generally averages 20/100,000.

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Student Handout 3

This handout contains copies of the slides and space for students to jot down notes during the class.

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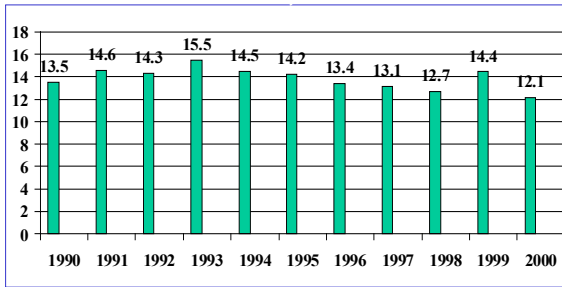
Suicide Prevention



Identify requirements and responsibilities for a suicide prevention and awareness program

L670/OCT03/VGT-1

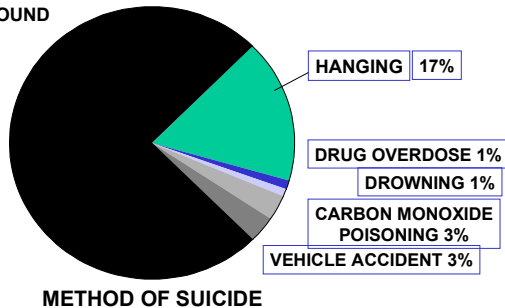
SUICIDE RATE BY YEAR 1990-2000



L670/OCT03/VGT-2

SUICIDES BY METHOD 2000

SELF INFLICTED
GUNSHOT WOUND
75%



L670/OCT03/VGT-3

SUMMARY 2000

Profile of a “Typical” Army Suicide

Males 93%

White 71%

Age 18-25

PVT thru SSG Majority

Married Soldiers 58%



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ARMY SUICIDE PREVENTION PROGRAM

- Reduces Army’s Suicide Risk.
- Establishes suicide risk identification training.
- Outlines ASPP responsibilities.
- Requires psychological autopsy.

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ASPP PROVIDES

- Suicide prevention education awareness:
 - risk identification
 - crisis intervention and referral
- Mental health and UMT resources.
- Assistance to families with suicide loss.

L670/OCT03/VGT-6

ASPP TRAINING REQUIREMENTS

- In all Army leadership development courses.
- In unit officer/NCO professional development courses.
- In post level courses for civilian supervisors and CPO personnel.
- As in-service training for professionals and military police.

L670/OCT03/VGT-7

ASPP TRAINING REQUIREMENTS (cont)

- Mental health officers “train the trainers”.
- Unit ministry teams assist with training.
- Army community services conducts education awareness program for family members.

L670/OCT03/VGT-8

FMSPPE EDUCATION AWARENESS

- Recognize the signs of increased suicide risk.
- Learn about referral sources.
- Educational programs will focus on:
 - Parents.
 - Teenagers.
 - Spouses.

L670/OCT03/VGT-9

DEPRESSION SIGNS

- Increase/decrease of appetite.
- Insomnia or excessive sleeping.
- Behavioral agitation or slowing of movement.
- Loss of interest/pleasure and decreased sexual drive.
- Loss of energy, fatigue.

L670/OCT03/VGT-10

DEPRESSION SIGNS (cont)

- Complaints or diminished ability to think or concentrate.
- Feelings of worthlessness.
- Withdrawal from family/friends.
- Drastic mood changes.
- Sudden change in behavior.

L670/OCT03/VGT-11

IMMEDIATE DANGER SIGNALS

- Talking about or hinting at suicide.
- Giving away possessions or making a will.
- Obsessions with death, sad music/poetry.
- Making specific suicide plans and access lethal means .
- Buying a gun.

L670/OCT03/VGT-12

IDENTIFICATION AND CRISIS INTERVENTION

- Early leader involvement.
- Identify persons at risk.
- Listen and refer person to helping agency.
- Take person expressing suicidal thoughts to a mental health professional.
- Summon law and medical personnel if individual declines help.

L670/OCT03/VGT-13

IDENTIFICATION AND CRISIS INTERVENTION (cont)

- Alter crisis creation conditions.
- Primary 24-hour medical treatment facilities.
- Maximum use of civilian “hot-lines”.

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SUICIDE POTENTIAL! WHAT TO DO ?

- Take threats seriously
- Answer cries for help
- Confront the problem
- Tell them you care
- Get professional help



L670/OCT03/VGT-15

SUICIDE POTENTIAL! WHAT NOT TO DO.

- Do not leave him alone.
- Do not assume the soldier is not suicidal.
- Do not act shocked.
- Do not debate the morality of self destruction.
- Do not keep a deadly secret.

L670/OCT03/VGT-16

COMMANDER'S SRMT FUNCTIONS

- Convene SRMT when a soldier is a suicide risk.
- Institute procedures for identification, evaluation and medical evacuation of At risk soldiers.
- Maintain an active liaison with other members of the SRMT.
- Coordinate administrative actions.

L670/OCT03/VGT-17

PSYCHOLOGICAL AUTOPSY

- Confirmed or suspected suicides.
- Single car accidents with no survivors.
- Accidents involving unusual circumstances.
- Cases in which manner of death is equivocal.
- Other cases when requested by the commander or CIDC special agents.

L670/OCT03/VGT-18

- **Why did the individual do it?**
- **What is the most probable mode of death?**

An illustration of a white ambulance with a red stripe and a red Star of Life. Two paramedics are attending to a patient lying on a stretcher. One paramedic is holding a stethoscope to the patient's chest, while the other is holding a blood pressure cuff. The ambulance has the word 'AMBULANCE' written on its side.

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PRACTICAL EXERCISE SHEET PE-1

Title	Suicide Prevention		
Lesson Number/Title	L670 version 1 / Suicide Prevention (FSC RESIDENT)		
Introduction	This practical exercise (PE) will give you an insight on the suicide prevention program.		
Motivator	Although the Army showed a decline in the number of suicides you, as a first sergeant, must continue to take steps to stop this tragic loss of life. While you cannot prevent all suicides, you can successfully prevent some suicides from happening. This lesson will provide the information that you will need to succeed in the area of suicide prevention.		
Learning Step/Activity	<p>NOTE: The instructor should inform the students of the following Learning Step/Activity requirements. (ELO E.2)</p> <p>At the completion of this lesson, you [the student] will:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Action:</td> <td>Suicide Prevention PE-1</td> </tr> </table>	Action:	Suicide Prevention PE-1
Action:	Suicide Prevention PE-1		
Safety Requirements	None		
Risk Assessment Level	Low		
Environmental Considerations	None		
Evaluation	This is a self graded PE. You will receive a solution sheet to compare your answers. As a group, you will discuss the solution and resolve any questions or misunderstandings during the latter part of the suicide prevention lesson.		
Instructional Lead-In	None		
Resource Requirements	<p>Instructor Materials:</p> <ul style="list-style-type: none"> • Practical Exercise and solution. <p>Student Materials:</p> <ul style="list-style-type: none"> • Pen or pencil and writing paper. • All reference material issued for this lesson. 		
Special Instructions	Read the references issued to you and complete the practical exercise. Do not use any reference material or refer to the solution until after you complete the items in this practical exercise. Write your answer in the space provided.		

Procedures

- This is a self-graded exercise.
- It should take you approximately 45 minutes to complete the items. It should take you about 15 minutes to self-grade the Practical Exercise using the SPE-1-1 thru SPE -1-3, AR 600-63, and DA PAMs 600-24 and 600-70.
- You will discuss the PE during the last portion of the lesson.

Item 1:

When should units present formal training in suicide prevention and risk identification?

Item 2:

What is the key to suicide prevention?

Item 3:

Name five of the signs of depression that identify a person that could commit suicide.

Item 4:

What are the immediate danger signs of suicide?

Item 5:

As a first priority, which personnel, and at what level, must receive training in suicide prevention and suicide risk identification?

Item 6:

As a leader, if you believe that someone is suicidal, what five things can you do? Name and explain them.

Item 7:

What is the role of the suicide risk management team (SRMT)?

Item 8:

For whom and under what conditions is a psychological autopsy necessary?

Item 9:

Where does the psychological autopsy investigator obtain his information?

Item 10:

What historical factors, which when present, should cause us to increase our suicide prevention vigilance?

**Feedback
Requirements**

You will participate in an After Action Review (AAR) immediately following the examination for this particular lesson.

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